

Case Number:	CM14-0039032		
Date Assigned:	06/27/2014	Date of Injury:	10/15/2012
Decision Date:	08/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehab and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 51-year-old male who sustained work related injury on 10/15/2012. Treatment history includes medications, 24 sessions of physical therapy and 6 sessions of PT/work conditioning. The patient had left shoulder arthroscopic RCR and acromioplasty on 05/07/2013. A progress report dated 02/18/2014 indicates that patient has completed 6 sessions of physical therapy with improvement. Complains of daily occurrence of left elbow pain, partial relief with Voltaren Gel. Has residual neck pain occasionally radiating down to the left elbow with associated numbness and paresthesia of both hands. Has residual left shoulder pain. On physical exam, cervical extension increased to 60 degrees, left rotation increased to 60 degrees, right rotator to 70 degrees, right side bending decreased to 25 degrees, and left side bending increased to full range. There was mild cervical paraspinal spasm. Negative bilateral cervical facet maneuver. Negative bilateral Spurling maneuver. Left shoulder abduction increased to 160 degrees and flexion increased to 170 degrees. There is resolution of left Neer test. There was positive left biceps roll test. There was residuals of left supraspinatus atrophy. There was right supraclavicular tenderness. Negative left supraclavicular tenderness. There was positive bilateral Roos test. There was full bilateral elbow ROM, mild bilateral lateral epicondyle tenderness, resolution of bilateral tennis elbow stress test, and weakly positive Tinel sign at both elbows. There was full bilateral wrist ROM, negative flexion wrist tenderness or swelling, mild positive bilateral carpal tunnel compression test, resolution of bilateral Tinel sign at both wrists, negative bilateral Phalen test. Recommended benefit with 6 additional sessions of physical therapy/work conditioning. Continue Voltaren Gel, Ultram, total temporary disability from 02/18/2014 through 03/25/2014. An UR dated 03/10/2014 indicates that the request for additional physical therapy/work conditioning 6 visits is non-certified due to no indication that the claimant's mild motion and strength residual deficits cannot be managed with an established home exercise

program. The claimant's job description and required physical demand level was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional Physical therapy /work conditioning 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official disability guidelines - Treatment for Worker's Compensation Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment guidelines for Physical Therapy recommends to use Physical Therapy when it is beneficial in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Medical records provided indicate that patient has already completed 24 physical therapy and 6 physical therapy/work conditioning sessions recently. There is no indication that patient's mild motion and strength deficits cannot be managed with an established home based program. Based on the Chronic Pain Medical Treatment guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.